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ABSTRACT

Teacher inservice training is critical to the continual development of effective classroom instruction. Professionals who consistently improve their instruction positively impact student performance. Many inservice training sessions use formats that are not conducive to effective adult learning. Good training uses flexible formats, job-applicable content, individualized learner outcomes, and small group instruction. However, most workshops are run in large groups and allow little flexibility in format or learner outcomes. An exception to that may be the INSITE training model (SKI*HI Institute, 1989). This pilot study examined the impact of the INSITE training model on the knowledge and skill development, actual job performance, and satisfaction of two preschool teachers of children with multiple disabilities and deafblindness. The questionnaire data, videotape reviews, and interview results suggest that the INSITE model may bring about some positive changes in teacher performance. Three appendixes present INSITE self-evaluation forms, a videotape review sheet, and interview questions. (Author/SM)

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Teacher Performance Follow-up from Large Group Training: A Pilot Study

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Abstract

Teacher in-service training is critical to the continual development of effective classroom instruction. Professionals who consistently improve their instruction positively impact student performance. Unfortunately, many in-service training sessions use formats that are not conducive to effective adult learning. Good training uses flexible formats, job - applicable content, individualized learner outcomes, and small group instruction. However, most workshops are run in large groups and allow little flexibility in format or learner outcomes. An exception to that may be the INSITE training model (SKI*HI Institute, 1989).

This pilot study examined the impact of the INSITE training model on the knowledge and skill development, actual job performance, and satisfaction of two preschool teachers of youngsters with multiple disabilities and deafblindness. The questionnaire data, videotape reviews, and interview results suggest that the INSITE model may bring about some positive changes in teacher performance. Readers are cautioned about the limitations of the study and the generalizability of the results. Ideas for future research are presented.

The literature and practice in adult learning suggest that conference participants learn best when the instruction is individualized, previous learning and experience is acknowledged, and there is an immediate link to every day practice (Gottesman & Jennings, 1994; McAllister & Neubert, 1995; Showers, 1985). However, many in-service and workshop sessions do not utilize these tenets. In fact, most workshops are organized for large groups, are lecture style, and often discuss theoretical aspects of the topic. If training sessions are not relevant, make no impact on teacher performance, and are not effective, then teachers and schools will waste valuable time and money. These resources might be more effectively applied to direct instruction of students rather than useless training.

Researchers have attempted to measure the extent to which various types of learning formats influence teacher and professional practice (Showers, 1985; Showers & Joyce, 1996). One finding is that when the learning group is larger, the material is more theoretical and less application oriented, and the format is lecture, the learners retain little of the information. When the formats and presentations are more personalized, and more applicable to daily practice, adult learners learn more (Gottesman & Jennings, 1994).

This pilot study was conducted to determine the extent to which adult learners in a large group in-service training session would retain the content and would effectively apply it in their teaching. The assumption was that large group training would be less likely to result in effective use and carry-over after a period of time. However, the INSITE model (Ski*Hi Institute, 1989) utilizes a variety of

application oriented techniques in its presentation format. Thus, this study examined the carry-over of the knowledge and skills presented in a typical large group INSITE training session.

Subjects

The subjects for this study were drawn from 20 participants at a state training meeting for early interventionists who worked with children with deafblindness and other severe disabilities. During the second week of the two week training session, the participants were given a brief outline of the proposed study and asked to volunteer. They were told of a stipend that was available at completion of the study. Originally four trainees volunteered. However, only two completed the study.

Design

A small group, pre-test, post-test design was used for this study. No independent control group was used. The subjects were not randomly selected (they volunteered). In addition, the study participants were paid a small stipends ($100) upon completion of the study.

Dependent Measures

Knowledge and competency. The study examined the knowledge and competency retention of the INSITE training content before, after and at six months post-training. The knowledge and competencies data were gathered

using the INSITE self-evaluation instruments (see Appendix A). These forms list specific knowledge and competency statements related to the INSITE training. For each statement, the participants rate their knowledge (or competence) on a five point Likert scale from 1 - "little" to 5 - "great". The knowledge self-evaluation instrument contains 22 statements and the competency instrument has 17 items.

Performance evaluation. In addition to the self-evaluations, a performance evaluation was conducted. Study participants were instructed to make a videotape of their work with a young child with deafblindness. The videotape was to be 15 - 20 minutes long. A videotape review sheet (see Appendix B) was developed to rate the participants' uses of key INSITE competencies. The review sheet contained 10 statements regarding the INSITE competencies. Each statement was rated with a five point Likert scale with 1 being " done poorly" to 5 being "done well".

Qualitative data. Data on participant satisfaction and perceptions of the training were obtained through telephone interviews. The interview sessions were recorded in writing by the interviewer. Although not verbatim responses, the participant comments and general themes were summarized and categorized by the authors.

Procedures

Once the participants were confirmed, no additional information was provided to them about the study. They completed the assigned training sessions along with all other participants. The workshop content was the INSITE

curriculum (SKI*HI Institute, 1989). INSITE provides a model for assessment, curriculum design, instruction, and evaluation for young children who are deafblind. The training for INSITE can occur either in two, four day sessions, or in a series of three two-day sessions with several independent study activities. This training was conducted using the two, four-day sessions format.

Approximately 4 months after the INSITE training sessions, the participants were contacted and instructed to produce a videotape of their work with a young child with deafblindness. Once the videotape was sent to the authors, the participants were given copies of the INSITE self-evaluation instruments and instructed to complete those. This self-evaluation occurred at six months after the INSITE training. Approximately two months after the videotapes were completed, one author contacted the participants and conducted telephone interviews. Each interview lasted approximately 30 minutes and was loosely structured around a set of interview questions about early intervention using the INSITE materials (see Appendix C). The stipends were then sent to the participants.

Results

Several data sets were produced, including summaries of the self-evaluations of knowledge and competencies, the results of the videotape analysis, and summarization of the qualitative data.

Knowledge data. Table 1 shows the results of the six-month follow-up self-evaluation ratings of knowledge of INSITE for the participants, along with the

entire training groups' ratings prior to and immediately after the training sessions. There was an increase of knowledge ratings from pre- to post- training for the entire training group. Also, the study participants maintained an average self-rating slightly above the post-training ratings of the group.

Insert Table 1 about here

Competency data. The self-evaluation ratings on INSITE competency are shown in Table 2. There was an increase from pre- to post-training for the entire training group. In addition, the study participants maintained an average self-rating above the post-training ratings for the entire group.

Insert Table 2 about here

Video performance data. Table 3 shows the ratings of the study participants' videotaped sessions. Two experts rated the video sessions. Their overall inter-rater agreement was 68%, with an agreement of 82% on participant one and 55% on participant two. The data show that participant one's session was rated generally satisfactory. Participant two's session was rated as being done well. Overall, participant two's session was rated better than participant one.

Insert Table 2 about here

Interview data. The follow-up participants were both interviewed by telephone approximately eight to ten months after the second INSITE training session. A series of open-ended questions was asked and the responses were summarized in written form during the interview. Additional details and notes were made following the interviews. The questions and responses are shown below.

What did you think about the INSITE training you received last summer?
Both participants noted that the training was exceptional. They noted that the materials were useful and the variety of activities was helpful. One teacher stated that she uses the resources with other teachers. Another has used the material for training her classroom staff.

Tell us about how you used (are using) the INSITE training in your work with youngsters with deafblindness and multiple disabilities.
One teacher stated that she used the games and lessons with her students. In particular she used the matching activity to teach a child to put 2 -3 word phrases together, the first time that the child had done this. She also used the Little Room

for one child. The other teacher found the assessment process useful. She used the results and goal development activities to plan programming for her students.

What was the most useful feature of the INSITE training?

Both teachers said that having continual contacts with the presenters and the other participants was the most useful part of INSITE. They had each contacted others from the training to solve classroom issues with their students.

What was the least useful feature of the INSITE training?

Both participants responded "nothing" to this question.

What did you think of the format of training?

The participants liked the two 3 day sessions. Both liked the time between the sessions to absorb the material. One liked the variety. "We were involved in doing activities, we had to make things and bring them back. I think I would have been overwhelmed if it had all come at once." One teacher commented that the summer session was nice.

How do the families like the INSITE approach?

Even though both teachers were in the public schools and didn't have as much contact as a home based infant program staff member might have, they shared some benefits of the INSITE materials. One teacher used the diagrams and illustrations to describe a hearing condition. Another used the assessment

process to help explain what the family was seeing with one child. This teacher stated that the parents were "very much more open to the strategies and positive about the experience."

Comments.

Both teachers were appreciative of the training opportunity. One teacher wants to continue training and become a trainer herself. They were both happy they had participated in the INSITE training.

Discussion

There were several limitations present in this pilot study that should be noted. First, there was no control group for comparison, so we do not know the extent that other early interventionists may have self-rated on competency and knowledge after the training period. Second, we did not do pre-training performance videos on the study participants. Their skills may have already been at high levels using techniques similar to INSITE competencies even without the training. Third, we had only two participants who completed the six-month follow-up self-ratings and performance videos. We do not know if these individuals are truly representative of the group that received the training.

Given these limitations, there are several encouraging results. First, all trainees increased in self-reported knowledge and competency from pre- to post-sessions on the INSITE training. While these are self-ratings, the results suggest

that at least the trainees felt more familiar with and knowledgeable about the content. Also, the overall ratings moved pre- to post- from having some knowledge and competence toward having quite a lot. This suggests that the training was successful in this regard.

In addition to the overall group self-ratings increases, the study participants maintained and even slightly increased their self-ratings in knowledge and competence at six months post-training. This is especially encouraging since most in-service training data suggest that knowledge and skill performances decrease over time (Gottesman & Jennings, 1994). Perhaps the increases in this study are due to the applicability of the participants' daily job requirements. Again, if the training is job relevant, there is a greater likelihood that job performance will change (Showers, 1985).

The videotape reviews suggest that both teachers are again using some portion of the training content in their daily work. While both teachers used some of the INSITE content on the video, one teacher did substantially better. However, the difference in results may be a function of instructional responsibility rather than actual effectiveness. The higher rated teacher has a classroom teaching position with preschool students, while the other teacher is a consultant to others in her school. Thus, frequency of child contact may have been a factor in the ratings.

The participant interview data suggest a high degree of satisfaction with the training content and the training format. Both appear to be using the INSITE process to some degree. However, neither teacher was using the INSITE model

as a total package. Instead they took pieces of the training (e.g., assessment process, student activities, handouts and materials) and used them. It was encouraging to see that the teachers thought the materials were helpful for family members. In fact, one teacher thought the INSITE assessment process was helpful to one family in understanding some of the child behaviors and how they related to instructional goals and objectives for programming.

Although this study did not completely determine whether the INSITE large group model was successful in long-term teacher performance and change, it does point positively in that direction. The video sessions suggest that both teachers are using at least some components of the model after a six-month period post training. Also, both teachers were able to verbally describe precise components of the training that they were using on a daily or weekly basis.

Other researchers may want to examine the issues of knowledge and skill development and retention with larger groups of subjects. Also, the video tape review process needs to be validated as a good measure of the content of the INSITE training. But it appears that large group training with a variety of application activities spread out over two 3 day summer sessions (like INSITE) has some positive carry-over for teacher skill use for children with deafblindness and multiple disabilities.

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Table 1

Mean Ratings on INSITE Curriculum Knowledge

	Training Group		Study Participants
Question	Pre (n=20)	Post (n=19)	6 month Followup (n=2)
1	3.55 (1.10)	4.28 (.46)	4.50 (.71)
2	3.85 (1.14)	4.72 (.46)	4.50 (.71)
3	1.65 (1.14)	3.78 (1.11)	3.50 (.71)
4	1.90 (1.21)	4.17 (.86)	4.50 (.71)
5	3.60 (.94)	4.47 (.72)	4.50 (.71)
6	2.85 (1.18)	4.33 (.70)	4.00 (.00)
7	3.20 (1.10)	3.78 (.73)	4.00 (.00)
8	3.05 (.94)	3.67 (.84)	4.00 (1.41)
9	1.60 (.99)	3.78 (1.11)	3.50 (.71)
10	1.50 (1.00)	3.78 (1.00)	4.50 (.71)
11	2.85 (.99)	3.89 (1.20)	4.50 (.71)
12	2.90 (1.33)	3.95 (.78)	5.00 (.00)
13	3.70 (.98)	4.16 (.69)	5.00 (.00)
14	3.45 (1.15)	4.17 (.62)	5.00 (.00)
15	3.60 (.88)	3.94 (.94)	5.00 (.00)
16	2.55 (1.23)	4.00 (.71)	4.50 (.71)
17	2.50 (1.36)	3.94 (.83)	4.50 (.71)
18	2.80 (1.15)	4.00 (.83)	3.50 (.71)
19	2.55 (1.32)	4.00 (1.06)	4.00 (1.41)
20	2.65 (1.42)	3.76 (1.15)	3.50 (.71)
21	3.80 (.89)	4.18 (.64)	4.50 (.71)
22	2.90 (1.02)	3.88 (.70)	4.00 (1.41)
TOTAL	2.86 (1.11)	4.03 (.82)	4.30 (.73)

Table 2

Mean Ratings on INSITE Curriculum Competency

	Training Group		Study Participants
Question	Pre (n=20)	Post (n=19)	6 month Followup (n=2)
1	3.28 (1.02)	4.26 (.73)	4.50 (.71)
2	3.05 (1.18)	4.26 (.56)	4.00 (.00)
3	2.84 (1.07)	3.89 (.68)	4.50 (.71)
4	3.00 (1.20)	3.95 (.78)	4.00 (.00)
5	3.11 (.94)	4.11 (.74)	4.00 (.00)
6	3.37 (.83)	4.37 (.68)	4.00 (.00)
7	1.89 (1.20)	3.79 (.98)	4.00 (.00)
8	2.16 (1.17)	3.79 (.92)	4.50 (.71)
9	2.11 (1.20)	3.84 (.90)	4.00 (1.41)
10	2.26 (1.05)	3.68 (1.06)	3.50 (.71)
11	3.63 (.90)	4.21 (.63)	4.50 (.71)
12	2.89 (.99)	3.89 (.94)	4.00 (.00)
13	2.95 (1.18)	4.05 (.62)	4.00 (.00)
14	3.56 (1.04)	4.05 (.62)	4.50 (.71)
15	2.89 (1.08)	3.95 (.71)	4.00 (.00)
16	2.44 (1.20)	3.79 (.79)	4.00 (1.41)
17	1.35 (.70)	4.00 (.75)	4.00 (1.41)
Total	2.75 (1.19)	3.99 (.78)	4.12 (.59)

Table 3

Ratings of Videotaped Sessions

	Participant One		Participant Two	
Performance item	Expert 1	Expert 2	Expert 1	Expert 2
Setting	3	3	4	5
Sensory	3	3	5	5
Positioning	3	--	3	5
O & M	--	--	4	4
Motor	3	3	5	5
Social	2	2	4	4
Sensory aids	3	--	3	5
Communication	2	2	5	5
Instruction	3	3	4	4
Multi-sensory	4	4	4	3
Develop. approp.	2	2	4	5
Overall ave. rating	2.80 (.63)	2.75 (.71)	4.09 (.70)	4.55 (.69)

Appendix A

INSITE self evaluation forms

INSITE SELF EVALUATION
- KNOWLEDGE -

Soc. Security # _____
(Last 4 Digits)

		Perception of your own Knowledge				
		Little				Great
1.	What it means to have a partnership between parents and professionals in an early home intervention program	1	2	3	4	5
2.	The rationale for working with families of infants and very young children in the home environment	1	2	3	4	5
3.	The complete INSITE home intervention program for young children with multidisability sensory impairments	1	2	3	4	5
4.	Who is the young child with multidisability sensory impairments for whom INSITE is designed; what are the special needs of the child and family	1	2	3	4	5
5.	How do sensory impairments impact learning and development	1	2	3	4	5
6.	Role and characteristics of an effective parent advisor	1	2	3	4	5
7.	Issues in working with the family; e.g., values, cultural background, stress in the family, mourning process	1	2	3	4	5
8.	Issues in gathering information from families on their resources, concerns, and priorities	1	2	3	4	5
9.	Purpose and features of an INSITE home visit	1	2	3	4	5
10.	How the INSITE Developmental Checklist is used in a home visit program	1	2	3	4	5
11.	Aspects of communication, and bonding (social relationships) affected by a multidisability sensory impairment	1	2	3	4	5
12.	What are signals, cues, gestures, and coactive sign	1	2	3	4	5
13.	The importance of touch and tactile activities	1	2	3	4	5
14.	Motor impairments – what they are and how they are addressed in a home-based program; positioning and handling, working with therapists	1	2	3	4	5
15.	Addressing daily care needs of the child	1	2	3	4	5
16.	Hearing and hearing aids	1	2	3	4	5

(over)

INSITE Self Evaluation – Knowledge. Cont.

	Perception of your own Knowledge				
	Little				Great
17. Early auditory development and training	1	2	3	4	5
18. Vision impairments, their implication and treatment	1	2	3	4	5
19. Early visual development and vision training	1	2	3	4	5
20. Early development of orientation and mobility	1	2	3	4	5
21. Early cognitive development	1	2	3	4	5
22. Value of collecting and reporting demographic and child/parent progress data	1	2	3	4	5

INSITE SELF EVALUATION
- COMPENTENCY -

Soc. Security # _____
(Last 4 Digits)

		Perception of your own Competency				
		Little				Great
1.	How to work in a partnershipping relationship with families in the home environment meet the needs of a very young child with a disability	1	2	3	4	5
2.	How to gather information from the family, in a sensitive and respectful manner, on its resources, concerns, and priorities	1	2	3	4	5
3.	How to help a family set relevant child and family goals and then implement them in an integrative manner	1	2	3	4	5
4.	How to plan and carry out an effective home visit	1	2	3	4	5
5.	Helping families develop an environment that fosters child-family communication and relationships (social aspect)	1	2	3	4	5
6.	Helping families develop communication appropriate to the child's level	1	2	3	4	5
7.	Helping families manage the child's hearing aids	1	2	3	4	5
8.	Helping families facilitate the child's optimal development of auditory functioning	1	2	3	4	5
9.	Helping families facilitate the child's development of visual functioning	1	2	3	4	5
10.	Helping families facilitate skill development in orientation and mobility	1	2	3	4	5
11.	Helping families facilitate the child's cognitive development through play	1	2	3	4	5
12.	Helping families use appropriate positioning and handling throughout daily routines and activities	1	2	3	4	5
13.	Helping families facilitate the child's advancement in developmental areas such as gross and fine motor, self-care, social, and tactile	1	2	3	4	5
14.	Individualizing plans and activities with specific families and children	1	2	3	4	5
15.	Enhancing the family's own ability to find and use support services and resources	1	2	3	4	5
16.	How to collect and report demographic and child/parent progress data	1	2	3	4	5
17.	Using the INSITE Developmental Checklist with families to assess the child's development	1	2	3	4	5

Appendix B

Videotape review sheet

INSITE videotape review sheet

Name _____ **Tape #** _____

Reviewer _____

Observe the entire videotape segment. For each of the items below, rate how well the interventionist performed the following INSITE competencies.

		Poor		Done Satisfactorily		Excellent	No Opportunity
1.	Setting is arranged to foster communication and interaction.	1	2	3	4	5	☐
2.	Instruction takes into account sensory abilities of child	1	2	3	4	5	☐
3.	Appropriate positioning and handling are used.	1	2	3	4	5	☐
4.	Orientation and mobility are encouraged.	1	2	3	4	5	☐
5.	Motor development is facilitated.	1	2	3	4	5	☐
6.	Social interactions are facilitated.	1	2	3	4	5	☐
7.	Sensory aids (hearing aids, glasses, etc.) are appropriately used.	1	2	3	4	5	☐
8.	Appropriate communication methods (gestures, sign, tactile cues) are used.	1	2	3	4	5	☐
9.	Instruction adjusted to child responses.	1	2	3	4	5	☐
10.	Multi-sensory methods and materials are used.	1	2	3	4	5	☐
11.	Activities are developmentally and age appropriate.	1	2	3	4	5	☐

Comments:

Appendix C

Interview questions

INSITE follow-up
Interview Questions

Participant _____ **Date** _____

1. What did you think about the INSITE training you received last summer?

2. Tell me about how you used (are using) the INSITE training in your work with youngsters with deafblindness and multiple disabilities?

3. What was the most useful feature of the INSITE training?

4. What was the least useful feature of the INSITE training?

5. What did you think of the format of the training?

6. How do the families like the INSITE approach?

Comments: